

Health and Family Planning Overview

NAMIBIA



Population:	1.8 million (BUCEN 2002)
Infant Mortality Rate:	38.1 (DHS 2000)
DPT3 Coverage:	79%, children 12–23 mos. (WHO 2000)
Nutrition:	24% stunting, children 0–59 mos. (DHS 2000)
Total Fertility Rate:	4.1 (DHS 2000)
Maternal Mortality Ratio:	271 (DHS 2000)
Contraceptive Prevalence Rate:	38%, all women, modern methods (DHS 2000)
Adult HIV/AIDS Prevalence:	22.3% (Sentinel Sero Survey 2000), 22.5% (UNAIDS 2001)
Current Living AIDS Orphans:	47,000 (UNAIDS 2001)
Demographic and Health Surveys:	1992, 2000
Multi-Indicator Cluster Surveys:	None

Country Profile

Namibia remains one of Africa's more stable and economically attractive nations, despite economic inequities and an extremely serious HIV/AIDS epidemic. The legacy of apartheid persists, with highly uneven income distribution. While per capita income (US\$2,000) is almost four times higher than in the rest of sub-Saharan Africa, more than half of the majority black population lives on rural communal lands with annual incomes of US\$100 to \$200 and limited access to social services. Severe and rising unemployment (more than 40 percent) is a major concern. Each year, more than 20,000 students graduate from schools and compete for only 4,000 jobs. Consequently, employment-generating growth from the small business sector is the top priority of the government and a new emphasis of USAID's Namibia program.

HIV/AIDS in Namibia. The HIV/AIDS epidemic is perhaps the most deadly threat to Namibia's political, social, and economic stability. In 2000, the U.N. Joint Programme on HIV/AIDS estimated that Namibia was among the world's five most affected countries. AIDS is the leading cause of death in the country, accounting for 28 percent of deaths annually, more than tuberculosis and malaria combined. Life expectancy at birth has fallen from 60 years in 1991 to 43.8 years in 2000. More than 60 percent of new HIV infections occur in young people ages 15 to 24. Women form the greater part of the population infected and affected by HIV, and hundreds of thousands of children are predicted to lose at least one parent to AIDS by 2010. The social and economic effects of HIV infection and AIDS-related deaths will be devastating. It is estimated that more than 20 percent of the health budget currently goes toward managing AIDS, and caring for AIDS patients could account for as much as 10 percent of the gross domestic product. Between 1996 and 2001, the direct and indirect costs of the HIV/AIDS epidemic to Namibia were an estimated N\$8.5 billion (US\$850 million).

USAID Strategy

USAID's new HIV/AIDS strategy in Namibia seeks to strengthen Namibia's efforts to build effective community-based responses to the epidemic.

Strategic Objective: Increased service utilization and improved behaviors related to sexually transmitted diseases and HIV/AIDS in target communities in Namibia



Intermediate Results:

- Increased quality and availability of information to improve sexual risk behavior in target communities
- Increased quality and availability and demand for services to improve sexual risk behavior in target communities
- Strengthened and improved capacity of institutions to plan and implement HIV/AIDS interventions in targeted areas
- Increased community awareness and comprehensive support for orphans and vulnerable children in target communities

Major Program Areas

HIV/AIDS. USAID's program has three components:

- Working with Namibian organizations to expand behavior change activities and increase demand for information, voluntary counseling and testing services, and condoms
- Strengthening the technical and managerial capabilities of Namibian organizations to respond to increased demand for services
- Collaborating with the Ministry of Health and Social Services and other organizations to address the needs of the rapidly growing number of children affected by HIV/AIDS

In support of these activities, USAID is also supporting efforts to reduce the stigma associated with HIV/AIDS.

Results

While the USAID program is just beginning, some impressive interim results have been achieved during the first year of implementation:

- 1,000 orphans received USAID assistance, including food, books, school uniforms, and counseling.
- As a result of USAID support, a national orphans and vulnerable children (OVC) policy has been drafted and a National Orphans and Vulnerable Children Steering Committee Secretariat is in place. A five-year strategic plan has been developed.
- USAID support helped develop a uniform training manual for workplace peer educators. The manual was used to train 16 trainers and 172 peer educators who have provided HIV/AIDS services to 4,000 people in workplaces and surrounding communities.
- A newspaper insert on home-based care of people living with AIDS (PLWAs), published with USAID support, reached a target audience of 160,000 readers daily.
- USAID support was instrumental in the creation of a community center for HIV/AIDS services in Walvis Bay. The center is a joint effort supported by the Walvis Bay Municipality, the Department of Defense, the Peace Corps, and USAID. In the first year of operation, 10,000 community members received HIV/AIDS services. The center has also provided training to peer educators to provide HIV/AIDS education, care, and support in the workplace, and provides paralegal services to OVC, PLWAs, and their families.

Major Implementing Partners

Family Health International is the primary implementing partner of USAID/Namibia's HIV/AIDS prevention activities, along with the Johns Hopkins University Center for Communications Programs and UNICEF. Subgrants have been awarded to Catholic AIDS Action, AIDS Care Trust, the Namibia Chamber of Mines, Lifeline/Childline, and Legal Assistance Center (AIDS Law Unit).



This USAID Health and Family Planning Overview was prepared for the Bureau for Africa, Office of Sustainable Development, by the Population, Health and Nutrition Information Project (PHNIP). Questions and comments can be directed to PHNIP (info@phnip.com).

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